

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>spa</i> <i>NN</i>	857 775	64-09-0 5/26/61
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	1-3-25-61	6-22-61
2	✓	✓	6-22-61
3	✓	J ✓ ✓	
4	✓	J ✓ ✓	
5			
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7	✓	J ✓ ✓	
8	✓	J ✓ ✓	
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10	✓	J ✓ ✓	
11	✓	J ✓ ✓	
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14	✓	J ✓ ✓	
15	✓	J ✓ ✓	
16	✓	J ✓ ✓	
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18	✓	J ✓ ✓	
19	✓	J ✓ ✓	
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50	✓	J ✓ ✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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